

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail**

**Mail Stop ISSUE FEE**  
**Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, Virginia 22313-1450**  
**or Fax (703) 746-4000**

**INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. Further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as shown below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

26986

7590

05/26/2005

MORRIS O'BRYANT COMPAGNI, P.C.  
 136 SOUTH MAIN STREET  
 SUITE 700  
 SALT LAKE CITY, UT 84101

## Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

|                          |                    |
|--------------------------|--------------------|
| David W. O'Bryant        | (Depositor's name) |
| <i>David W. O'Bryant</i> | (Signature)        |
| 8/8/05                   | (Date)             |

08/12/2005 MBELETE2 00000054 10775535

01 FC:2501 700.00 OP  
 02 FC:1504 300.00 OP  
 03 FC:0001 30.00 OP

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/775,535      | 02/09/2004  | Jim Bagley           | 2583.GRAC.NP        | 6705             |

TITLE OF INVENTION: INTERCONNECTABLE MODEL CONSTRUCTION ELEMENTS

| APPLN. TYPE    | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE   |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | YES          | \$700     | \$300           | \$1000           | 08/26/2005 |

| EXAMINER             | ART UNIT | CLASS-SUBCLASS |
|----------------------|----------|----------------|
| CEGIELNIK, URSZULA M | 3714     | 446-124000     |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

MORRIS

O'BRYANT

COMPAGNI

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee  
☒ Publication Fee (No small entity discount permitted)  
☒ Advance Order - # of Copies 10

4b. Payment of Fee(s):

- ☐ A check in the amount of the fee(s) is enclosed.  
☒ Payment by credit card. Form PTO-2038 is attached.  
☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0881 (enclose an extra copy of this form).

## 5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Date

Typed or printed name

David W. O'Bryant

Registration No. 39,793

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

|  |   |                             |                      |
|--|---|-----------------------------|----------------------|
| <b>TRANSMITTAL<br/>FORM</b><br><i>(to be used for all correspondence after initial filing)</i> |   | <b>Application Number</b>   | 10/775,535           |
|  |   | <b>Filing Date</b>          | February 9, 2004     |
|  |   | <b>First Named Inventor</b> | Jim Bagley           |
|  |   | <b>Group Art Unit</b>       | 3714                 |
|  |   | <b>Examiner Name</b>        | Urszula M. Cegielnik |
| <b>Total Number of Pages in This Submission<br/>(including this sheet)</b>                     | 3 | <b>Attorney Docket No.</b>  | 2583.GRAC.NP         |

| ENCLOSURES (check all that apply)  |   |   |
|--|---|---|
| <input type="checkbox"/> Amendment / Response<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Appeal Communication:<br><input type="checkbox"/> Appeal Notice<br><input type="checkbox"/> Appeal Brief<br><input type="checkbox"/> Reply Brief<br><input type="checkbox"/> Assignment with Cover Sheet<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Check in the amount of \$ __<br><input checked="" type="checkbox"/> Credit card authorization in the amount of \$ 1030<br><input type="checkbox"/> Declaration & Power of Attorney<br><input type="checkbox"/> Drawings __ sheets<br><input type="checkbox"/> Formal <input type="checkbox"/> Informal | <input type="checkbox"/> Extension of Time Request<br>____ month<br><input type="checkbox"/> Fee Calculation Table<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Form 1449<br><input type="checkbox"/> Copies of IDS References<br><input checked="" type="checkbox"/> Issue Fee Transmittal & Advance Order | <input type="checkbox"/> Maintenance Fee Transmittal<br>____ year<br><input type="checkbox"/> Missing Parts Response<br><input type="checkbox"/> Notification of Change of Attorney Address & Docket Number<br><input checked="" type="checkbox"/> Return Postcard<br><input type="checkbox"/> Revocation & Power of Attorney<br><input type="checkbox"/> Status Inquiry<br><input type="checkbox"/> Other: |
| <b>Remarks</b>   |   |   |

| SIGNATURE OF APPLICANT, ATTORNEY OR AGENT |  |   |        |
|---|--|---|--------|
| Attorney for Applicant                    |  | David W. O'Bryant, Registration No. 39,793<br>MORRISS O'BRYANT COMPAGNI, P.C.<br>136 South Main Street, Suite 700<br>Salt Lake City, Utah 84101<br>(801) 478-0071 telephone; (801) 478-0076 facsimile |        |
| Signature                                 |  | Date  | 8/8/05 |

| CERTIFICATE OF MAILING UNDER 37 CFR § 1.8   |  |                   |        |
|---|--|-------------------|--------|
| I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, on the date indicated below, in an envelope addressed to MAIL STOP ISSUE FEE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. |  |                   |        |
| Typed or Printed Name   |  | David W. O'Bryant |        |
| Signature   |  | Date              | 8/8/05 |